

**LIFE, ACCIDENT AND HEALTH INSURERS**

**COMPANY NAME:** \_\_\_\_\_ **NAIC Company Code:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
**REQUIRED FILINGS IN THE STATE OF:** IDAHO **Filings Made During the Year 2006**

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		<b>I. NAIC FINANCIAL STATEMENTS</b>						
	1	Annual Statement (8 1/2"x14")	2	1	xxx	3/1	NAIC	See Notes E, F, & L
	1.1	Printed Investment Schedule detail (Pages E01-E25)	2	1	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	2	1	xxx	5/15, 8/15, 11/15	NAIC	See Note O
	3	Separate Accounts Annual Statement (8 1/2"x14")	2	1	xxx	3/1	NAIC	
		<b>II. NAIC SUPPLEMENTS</b>						
	10	Accident & Health Policy Experience Exhibit	2	1	xxx	4/1	NAIC	
	11	Credit Insurance Experience Exhibit	2	1	xxx	4/1	NAIC	
	12	Interest Sensitive Life Insurance Products Report	2	1	xxx	4/1	NAIC	
	13	Investment Risk Interrogatories	2	1	xxx	4/1	NAIC	
	14	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	2	1	xxx	4/1	NAIC	See Note P
	15	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	2	1	xxx	4/1	NAIC	See Note P
	16	Long Term Care Experience Reporting Forms	2	1	xxx	4/1	NAIC	
	17	Management Discussion & Analysis	2	1	xxx	4/1	Company	
	18	Medicare Supplement Insurance Experience Exhibit	2	1	xxx	3/1	NAIC	
	19	Risk-Based Capital Report	2	1	xxx	3/1	NAIC	
	20	Schedule SIS	2	N/A	N/A	3/1	NAIC	
	21	Statement of Actuarial Opinion	2	1	xxx	3/1	Company	
	22	Statement on non-guaranteed elements - Exhibit 5 Int. #3	2	1	xxx	3/1	Company	
	23	Statement on par/non-par policies - Exhibit 5 Int. 1.1	2	1	xxx	3/1	Company	
	24	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	
	25	Supplemental Schedule O	2	1	xxx	3/1	NAIC	
	26	Trusteed Surplus Statement	2	1	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	27	Workers' Compensation Carve Out Supplement	2	1	xxx	3/1	NAIC	
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>						
	30	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	31	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	32	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
	33	Separate Accounts Electronic Filing	xxx	1	xxx	3/1	NAIC	
	34	Separate Accounts .PDF Filing	xxx	1	xxx	3/1	NAIC	
	35	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	36	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	37	Quarterly Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	38	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	39	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
		<b>IV. AUDITED FINANCIAL STATEMENTS</b>						
	51	Accountants Letter of Qualifications	2	N/A	N/A	6/1	Company	
	52	Audited Financial Statements	2	1	xxx	6/1	Company	
	53	Audited Financial Statements Exemption Affidavit	0	N/A	N/A		Company	
	54	Independent CPA	0	N/A	N/A		Company	
	55	Notification of Adverse Financial Condition	2	N/A	N/A	6/1	Company	
	56	Report of Significant Deficiencies in Internal Controls	2	N/A	N/A	6/1	Company	
	57	Request for Exemption to File	1	N/A	N/A	Prior to 6/1	Company	
		<b>V. STATE REQUIRED FILINGS</b>						
	101	Certificate of Compliance	0	0	1	3/1	State	See Note Q
	102	Certificate of Deposit	0	0	1	3/1	State	See Note R
	103	Certificate of Valuation	0	0	0	3/1	State	
	104	Filings Checklist (with Column 1 completed)	0	1	0	3/1	State	
	105	Premium tax	1	0	1	3/1	State	
	106	State Filing Fees	1	0	1	3/1	State	Continuation Fee
	107	Signed Jurat	2	xxx	1	3/1	NAIC	See Note L
	108	Disability Advertising Certificate of Compliance <b>IF</b> company is licensed for Disability (Accident & Health)	2	N/A	N/A	3/1	State	See Note N
	109	Grievance System Description, Grievance Report, and Annual Disclosure <b>IF</b> company is licensed for Disability-Including Managed Care	2	N/A	1	3/1	Company	See Note S
	110	Cross Check Error Listing - Domestic Companies Only	2	N/A	0	3/1	Company	See Note T
	111	<b>Annual Small Group and Individual Assessment Base Survey for Licensed Disability Insurers</b>	1	N/A	1	3/1	State	See Note U

\*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.

\*\*If Form Source is NAIC, the form should be obtained from the appropriate vendor.

		<b>NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)</b>	
	A	Required Filings Contact Person:	Annual Statement: Carol Anderson (208) 334-4309 <a href="mailto:carol.anderson@doi.idaho.gov">carol.anderson@doi.idaho.gov</a> Naoko Weigelt (208) 334-4311 <a href="mailto:naoko.weigelt@doi.idaho.gov">naoko.weigelt@doi.idaho.gov</a> Tax: Pat Dillard (208) 334-4280 <a href="mailto:pat.dillard@doi.idaho.gov">pat.dillard@doi.idaho.gov</a> Annual Small Group and Individual Assessment Base Survey: Joan Krosch (208) 334-4300 <a href="mailto:joan.krosch@doi.idaho.gov">joan.krosch@doi.idaho.gov</a>
	B	Mailing Address:	Idaho Department of Insurance 700 West State Street 3 <sup>rd</sup> Floor PO Box 83720 Boise, ID 83720-0043
	C	Mailing Address for Filing Fees:	Same as above
	D	Mailing Address for Premium Tax Payments:	Same as above
	E	Delivery Instructions:	All <u>hardcopy</u> filings must be postmarked no later than the indicated due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day.
	F	Late Filings:	Companies will be fined \$25.00 per day for a late filing. <u>Electronic filings will be deemed filed on the date received by the NAIC. Hardcopy filings will be deemed filed based on postmark date.</u>
	G	Original Signatures:	Required for domestic companies. Foreign companies should follow the instructions in the NAIC's Annual Statement Instructions.
	H	Signature/Notarization/Certification:	Required for domestic companies. Foreign companies should follow the instructions in the NAIC's Annual Statement Instructions.
	I	Amended Filings:	To be submitted with cover letter and jurat signed by top two officers
	J	Exceptions from normal filings:	Requests for extensions for a period of 30 days or less beyond the regular due date or exemptions, <u>from filing the annual statement only</u> , will not be required providing the domiciliary state has granted the extension or exemption and notified the NAIC. Extensions beyond 30 days will require written request for extension prior to expiration of the initial 30 day period, and domiciliary approval. <u>No extensions or exemptions apply to premium tax and</u>

			<a href="#">fee filings.</a>
	K	Bar Codes (State or NAIC)	Not required
	L	Signed Jurat	Domestics - Original Signature, Notarization/Certification required. <b>FOREIGN COMPANIES – Copy of signed Jurat page is required IN PLACE of Annual Statement HARDCOPY</b>
	M	NONE Filings:	See NAIC Annual Statement Instructions for Supplemental Interrogatories.
	N	Filings new, discontinued or modified materially since last year:	Disability Advertising Certificate of Compliance – <b>DOMESTICS ONLY</b>
	O	Quarterly Financial Statements	Foreign company required to file <b>only</b> if specifically requested by DOI. Domestics must file two printed statements and cross-check error listings. If the software package does not provide a listing when zero errors are found, include a statement in the cover letter that no cross check errors were found.
	P	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit and Life, Health & Annuity Guaranty Assessment Base Reconciliation Adjustment	<b>Foreign Companies</b> – these exhibits are to be filed directly with the Idaho Life & Health Insurance Guaranty Association <b>NOT</b> with the Idaho Department of Insurance.
	Q	Certificate of Compliance	Certificate of Compliance (foreign companies only) Most current Certificate <b>MUST BE PROVIDED with the March 1 filings</b> , even if state of domicile issues Certificate after the March 1 due date. Certificate must be an <b>original</b> ; copies will not be accepted.
	R	Certificate of Deposit	Certificate of Deposit (foreign companies only) Most current Certificate <b>MUST BE PROVIDED with the March 1 filings</b> , even if state of domicile issues Certificates after the March 1 due date. Certificate must be an <b>original</b> ; copies will not be accepted.
	S	Managed Care Reporting	See Idaho Code §41-3914 for Annual Disclosure and §41-3918 for Grievance System Report.
	T	Cross Check Error Listing (Domestic Companies Only)	Applies to Annual and Quarterly filings. If the software package does not provide a listing when zero errors are found, include a statement in the cover letter that no cross check errors were found.
	U	Annual Small Group and Individual Assessment Base Survey for Licensed Disability Insurers. <b>THIS MUST BE FILED ELECTRONICALLY. PLEASE READ FILING INSTRUCTIONS <a href="http://www.doi.idaho.gov/">www.doi.idaho.gov/</a></b>	Pool Assessment Base Filing Requirements for the Idaho Small Employer Health Reinsurance Program and Idaho Individual High Risk Reinsurance Pool (Assessment Base Survey) for all Licensed Disability

			Insurers. <b>On-line annual filing requirement:</b> <a href="http://www.doi.idaho.gov/">http://www.doi.idaho.gov/</a>

**General Instructions  
For Companies to Use Checklist**

**Please Note:** This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will send mailing labels and other information to all companies but will not be sending their own checklist this year.

**Electronic filing is intended to include filing via the Internet or via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC.**

**Column (1) (Checklist)**

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

**Column (2) (Line #)**

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

**Column (3) (Required Filings)**

Name of item or form to be filed.

The **Annual Statement Electronic Filing** includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The **March .PDF Filing** is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The **Risk-Based Capital Electronic Filing** includes all risk-based capital data.

The **Separate Accounts Electronic Filing** includes the separate accounts annual statement and investment schedule detail.

The **Separate Accounts .PDF Filing** is the .pdf file for the separate accounts annual statement and all investment schedule detail.

The **Supplemental Electronic Filing** includes all supplements due April 1, per the *Annual Statement Instructions*.

The **Supplement .PDF Filing** is the .pdf file for all supplemental schedules and exhibits due April 1.

The **Quarterly Electronic Filing** includes the quarterly statement data.

The **Quarterly .PDF Filing** is the .pdf for quarterly statement data.

The **June .PDF Filing** is the .pdf file for the Audited Financial Statements.

**Column (4) (Number of Copies)**

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits.

**Column (5) (Due Date)**

Indicates the date on which the company must file the form.

**Column (6) (Form Source)**

This column contains one of three words: “NAIC,” “State,” or “Company,” If this column contains “NAIC,” the company must obtain the forms from the appropriate vendor. If this column contains “State,” the state will provide the forms with the filing instructions. If this column contains “Company,” the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*..

**Column (7) (Applicable Notes)**

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.